

IV-E ELIGIBILITY DETERMINATION FOR AN ADOPTION SUPPORT APPLICATION

Sections I, II, III, and IV completed by the IV-E Specialist.

I. CHILD IDENTIFYING INFORMATION	
1. CHILD'S BIRTH NAME	2. CHILD'S PERSON ID/CASE NUMBER
3. CHILD'S ADOPTIVE NAME (PRESUMPTIVE) If known	4. CHILD'S BIRTHDATE
5. SOCIAL SECURITY NUMBER	6. DCFS LOCAL OFFICE/SOCIAL WORKER
II. US CITIZEN/ALIEN CRITERIA	
<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Verify if U.S. Citizen, if yes (proceed to section III). If no, answer Alien question.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Is this child a qualified alien? If yes (proceed to section III) If no, child is not eligible for title IV-E adoption assistance (proceed to section IV).</p>	
III. ELIGIBILITY CRITERIA	
<p>A. PREVIOUS ADOPTION ELIGIBILITY</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Has the child been previously adopted?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Has the previous adoption been dissolved or have the adoptive parents died?</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. Was the child IV-E adoption support eligible for the previous adoption?</p> <p>If yes to all three questions, child is automatically IV-E adoption support eligible for this adoption, and eligibility does not need to be reviewed. Please complete section IV.</p> <p>B. SSI ELIGIBILITY</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Is child currently eligible for SSI benefits?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Is proof of eligibility (an SSI award letter or Social Security Administration payment history) on file? (Always consult with SSI facilitator)</p> <p>If yes to both #1 and #2, child is eligible. Please complete section IV.</p> <p>C. CHILD OF A MINOR PARENT ELIGIBILITY</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Is this a child of a minor parent who is in foster care and receiving IV-E foster care maintenance payments that cover both the minor parent and child at the time of the adoption petition?</p> <p>If yes, child is eligible. Please complete section IV.</p> <p>D. IV-E ELIGIBILITY</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1a. OPD previous to 3/27/2000</p> <p>Was child physically removed from the home of a relative of specified degree (RSD), or had the child previously lived with a RSD at any time in the 6 months preceding the petition or voluntary placement agreement (VPA)?</p> <p>If no physical removal from RSD or other individual, then not IV-E eligible.</p>	<p>D. IV-E ELIGIBILITY (continued)</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1b. OPD on or after 3/27/2000</p> <p>Was the child placed from the home of a parent or Legal Guardian Relative of Specified Degree (LGRSD), OR had the child previously lived with a parent or LGRSD at any time in the 6 months preceding the dependency petition, OR voluntary placement agreement OR was the child placed from the home of a RSD as a result of that relative's abuse or neglect?</p> <p>NOTE: (For either, look only at the last unbroken placement episode that led to the termination of parental rights.)</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. In the eligibility month, was the child eligible for AFDC while the program existed or would the child have been eligible per the July 16, 1996 AFDC rules?</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. If the child was placed by court order, does the 1st court order contain the proper Contrary To Welfare (CTW) language? (Note: A DCFS or Private Agency termination of parental right order could be the 1st order with CTW language.)</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. If placed by a valid DCFS VPA, has at least one IV-E payment been received during the current placement episode?</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. Was the child deprived of parental support at the time of the termination of parental rights?</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. In the month of the adoption petition, would the child have been AFDC eligible based on deprivation and need.</p> <p>For child to be IV-E Eligible, questions 1a or b, 2,5, and 6 must be checked yes. Also, either 3, or 4 must be checked yes. Please complete section IV.</p>

CHILD IDENTIFYING INFORMATION (Repeat from Page 1)	
CHILD'S BIRTH NAME	CHILD'S PERSON ID/CASE NUMBER
IV . ELIGIBILITY APPROVAL	
Meets IV-E Eligibility Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Initial Determination <input type="checkbox"/> Six Month Review
ELIGIBILITY SPECIALIST	E-MAIL ADDRESS
TELEPHONE NUMBER (INCLUDING AREA CODE)	DATE
COMMENTS:	

Completed by the Adoption Support Program Manager	
V. DETERMINATION OF SPECIAL NEEDS CRITERIA	
<p>A. Child - Special needs Criteria</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Has the state determined that the child cannot or should not be returned to the home of his parents?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Has the state determined the following?</p> <p> a. There exists, with respect to the child, a specific factor or condition (such as his ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as a medical condition or physical, mental, or emotional handicap) AND</p> <p> b. Because of that specific factor or condition, it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance or medical assistance.</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. Has a reasonable, but unsuccessful, effort been made to place the child with appropriate adoptive parents without providing adoption assistance or Medicaid? <i>This test would not be applied if it would be against the best interest of the child because of such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child.</i></p> <p>If yes on all of these questions, child meets special needs criteria (unless number 3 is against the best interest of the child).</p> <p>Comment:</p>	
Meets Child with Special Needs Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Initial Determination <input type="checkbox"/> Six Month Review
ADOPTION SUPPORT PROGRAM MANAGER	E-MAIL ADDRESS
TELEPHONE NUMBER (INCLUDING AREA CODE)	DATE

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